

APPLICATION FOR RECORDS RETENTION SCHEDULE

GEORGIA DEPARTMENT OF HUMAN RESOURCES
OFFICE OF ADMINISTRATIVE SERVICES
RECORDS MANAGEMENT UNIT

For instructions on completing this form contact DHR Records Management Unit, 47 Trinity Avenue, Atlanta, Georgia 30334. Phone - (404) 656-4976 GIST: 221-4983

DHR		1. GEORGIA DEPARTMENT OF HUMAN RESOURCES		ARCHIVES AND HISTORY	
Application Date July 19, 1979		Division of Family & Children Services Specialized Services Section / Services to Families and Children Unit / 2nd Floor - 618 Ponce de Leon Avenue, N.E. Atlanta, Georgia 30308		Application Number 79-143	
Application Number DHR-29				Date Received AUG - 1 1979	Date Completed AUG 13 1979
2. Person to Contact Ms. Bernice Holmes		Working Title Secretary/Typist		Telephone Number 894-4440	
3. Action Requested a. <input checked="" type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input type="checkbox"/> Amend Application No. _____ Check One: <input type="checkbox"/> Change; <input type="checkbox"/> Supercade; <input type="checkbox"/> Void					
4. Dates of Series Earliest 1973		5. Records Series Title (followed by title used in office, if different) Latest to present Authorization of Foster Care Case Files			
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Specialized Services Section, through the Supervision of 19 State District Directors and 159 County Directors of Departments of Family and Children Services, has the responsibility for overseeing the field administration of Services to Families and Children; Services to Adults; Work Incentive Program (WIN); Support Program; and the State Placement Program. The Services to Families and Children Unit has responsibility for program planning and development of social services for families and children in the areas of foster care, adoptions, child protective services, services to expectant parents, child day care, and family counseling services designed to strengthen the family.					
7. Records Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file. Documents relating to: reviewing forms, received from counties State-wide, concerned with authorizing foster care for children who need this service. Included are: form DCS/SSS-527 (new number 527) (Initial Authorization of Foster Care) which shows name and address of child, case number, date placed by court order, name and address of foster home, foster care rate, reason for placement, and authorization of boarding care; form DCS/SSS-529 (new number 529) (Authorization of Foster Care Status Change/Termination) which gives child's name and name of foster home or institution, case number, status change and effective date, or termination (and reason for) and effective date; and form 521 (Rev. 7-77) (Monthly Invoice-Emergency Shelter Care Services Fee) shows name and full address of foster parent operating emergency shelter care home; dates of care, number of children, amount due, date and signature of foster parent certifying claim for service fee, date and signature of county director approving claim for payment by State, form 526 (Foster Care Invoice) shows name of county, name and full address of foster parent. The file is arranged: alphabetically by county; thereunder, alphabetically by name of child or by name of foster parent.					
8. Monthly Reference Rate One to six months old 5 to 6 ; Seven to twelve months old ; Thirteen to twenty-four months old ; twenty-five months and older ? How often are records referred to which are:					
9. Annual Rate of Accumulation or Records Letter-size drawers 4 1/2 ; Legal-size drawers ; Shelves ; Other (Specify) _____					

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it?
X		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
	X	g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. anticipated for future
	X	h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
	X	i. Is this series (or a major portion of it) regularly microfilmed?
X		j. Does the record series result in a computer printout?

11. Retention Requirements

The following requires the series to be kept:

a. State Law	_____ years.	d. Audit period	_____ years.
b. Statute of limitation	_____ years.	e. Administrative need	3 _____ years.
c. Federal law	_____ years.	f. Federal retention instructions	_____ years.

Attach copy or excerpt of laws or regulations. Explain administrative need.

* confidentiality policy - client records

12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

Services to Families
and Children Unit

☐ Calendar Year; ☒ Fiscal Year; ☐ Other _____ then,

☒ Hold in the current files area _____ month(s) 1 year(s); then

☐ Transfer to local holding area; hold _____ year(s); then

☐ Transfer to State Records Center; hold _____ year(s); then

☒ Destroy forms when annual summary is completed - annual summary of information from forms to be made and placed in Director's Subject Files for transfer to State Archives each year - Schedule 73-101

☐ Transfer to State Archives for permanent retention.

☐ Other (Specify)

Accounting Services
(original copy)

District and County Offices
(reference copies)

Printout (received monthly)

Cut off file at end of each fiscal year;
hold in current files area 3 years, or
until all audit questions have been re-
solved; then destroy.

Upon receipt of new printout, destroy
all copies of previous printout.

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
<i>George R. Stinebaugh</i>	7/12/79	<i>Elizabeth W. Crank</i>	7/18/79
		Elizabeth W. Crank C.R.M.	
		State Records Committee (Signature)	Date
		<i>Carroll Hark</i>	8-10-79
		<i>W. J. Hill</i>	8-7-79
		<i>W. J. Hill</i>	8-10-79

Recommendations in paragraph
12 are approved.
(If disapproved, attach letter
of explanation.)

State Auditor/Designee

Secretary of State/Designee

Attorney General/Designee